

PATIENT PRESENTING CLINICAL SIGNS

- Buster Bailey**
- Last Physical exam was August 2025, NSF other than 4-5/6 Heart Murmur (previously 4/6)
 - Last echo was May 2025. Rec recheck echo q 6-9 months
- SPECIES**
- Canine
 - IVDD
 - Current Medications
 - Vetmedin 2.5mg BID; Telmisartan 12mg SID; Gabapentin 100mg TID
 - Abnormal PE/Chem/CBC/UA Results: labs attached

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CKCS

SEX

MN

AGE

11yr

WEIGHT

13kg

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO M-mode	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.2	<2.0	--	1.6	50	82	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM			13kg			

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased left atrial size with mild interatrial septal deviation on two LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis more prominent in the septal leaflet. No evidence of valve prolapse. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented thicknesses with linear contour and mild increased LV dimension. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated mild thickening with mild TR on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Normal measured RVOT velocity with mild pulmonic insufficiency on Doppler. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible pericardial or free pleura fluid was

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Upper Canada Animal Hospital

REFERRING VET

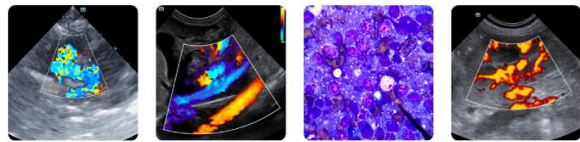
Golding

INVOICE

23619

DATE

01/19/2026



PATIENT noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No evidence of arrhythmia.

Buster Bailey

ULTRASONOGRAPHIC FINDINGS

SPECIES Primary

- Canine
- Chronic mitral valve disease (B2)
 - Mild TV insufficiency -no overt clinical pulmonary hypertension
 - Mild pulmonic insufficiency

BREED

CKCS INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

MN

Overall, a static to similar cardiac presentation compared to the previous study without evidence of significant progression. The moderate increased LA dimension continues to indicate current and future risk of complication remains moderately elevated. No other clinical issues such as LV systolic dysfunction or pulmonary hypertension. Continued Vetmedin and current medical protocol is recommended with serial monitoring of resting RR. Continued as needed respiratory support given patient history would be appropriate.

AGE

11yr

Anesthetic risk is considered mild to moderately elevated, if required the following protocol is suggested with judicious IV fluid administration.

WEIGHT

13kg

The prognosis remains guarded going forward with sonographic monitoring advised. Recheck echo recommended in 6 months sooner if clinically indicated.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Upper Canada Animal Hospital

REFERRING VET

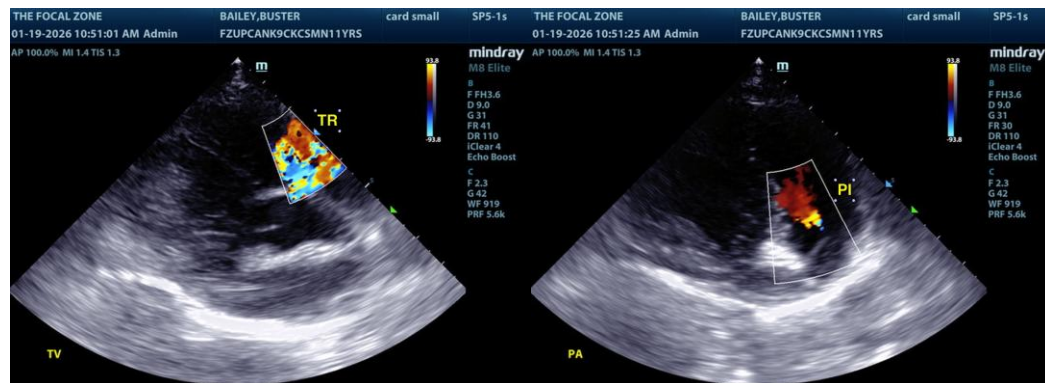
Golding

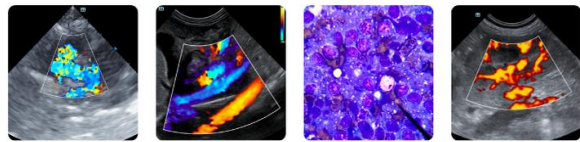
INVOICE

23619

DATE

01/19/2026





PATIENT
 Buster Bailey

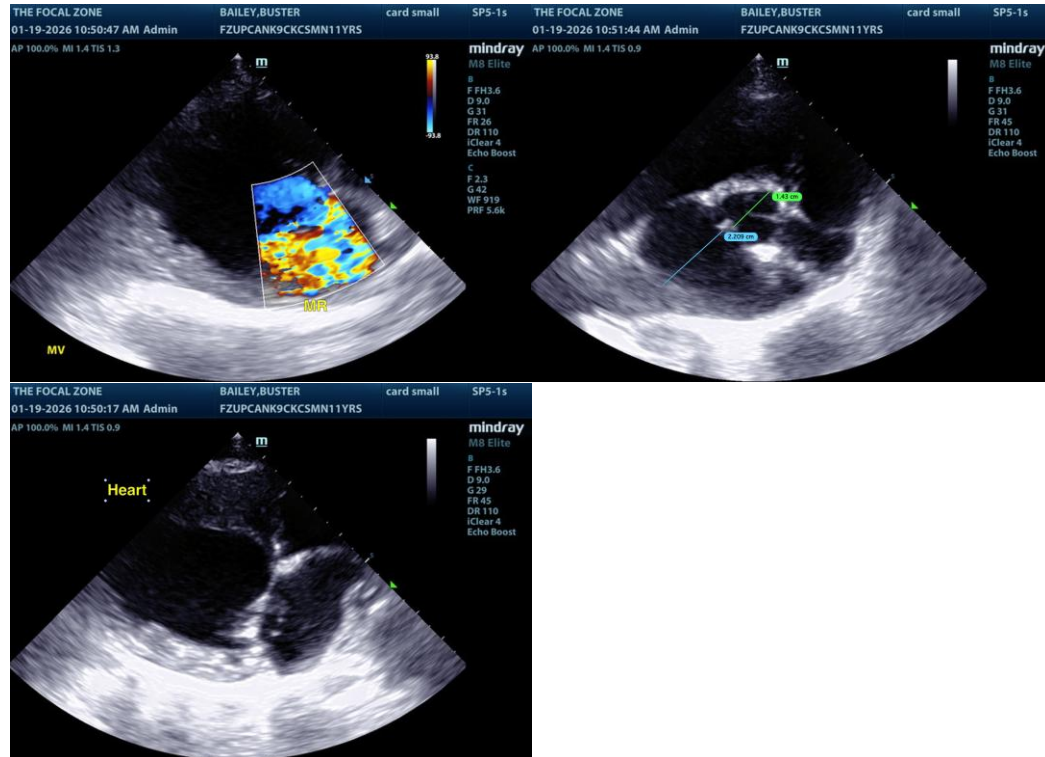
SPECIES
 Canine

BREED
 CKCS

SEX
 MN

AGE
 11yr

WEIGHT
 13kg



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Upper Canada Animal
 Hospital

REFERRING VET

Golding

INVOICE

23619

DATE

01/19/2026